NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

Type or Print Clearly

| Full Name | John R. Maher | Work Address | P.O. Box 430 Portsmouth NH 03802 |
|-----------|---------------|--------------|----------------------------------|
| | | | |

Primary Occupation Retired e-mail *optional_jonnh@aol.com

If you have no qualifying income indicate by writing your initials next to the following statement.

Work Phone 603-498-6399

Name(s) of office, appointment, or employment with government

Trustee of Judicial Retirement Board

A. List below the name, address, and type of any profession, business, or other organization in which you or a family member was an officer, director, associate, partner, proprietor, or employee, or served in any other professional or advisory capacity, and from which any income in excess of \$10,000 was derived during the preceding calendar year. Sources of retirement benefits other than federal retirement and/or disability benefits shall be included.

Maher Mediation P.O. Box 430 Portsmouth, NH 03802

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2.

3.

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My income does not qualify

NEW HAMPSHIRE
DEPARTMENT OF STATE

B. Indicate below whether you or a family member has a special interest in any of the following businesses, professions, occupations, groups, or matters. A person has a reportable special interest in an item on this list if a change in law, a change in administrative rule, a decision whether or not to award a contract, grant a license or permit, discipline a licensee or permittee, or other decision by government affecting the listed business, profession, occupation, group, or matter would potentially have a greater financial effect on you or a family member than it would on the general public:

x 1. Any profession, occupation, or business licensed or certifled by the State of New Hampshire. List each such profession, occupation, or category of business Mediation Business

| 2. Health Care | Health Care 3. Insurance | | Real Estate, including brokers, agent, developers, and landlords | | | | 5. Banking or financial services | | State of New Hampshire, county, or municipal employment | | |
|---|--------------------------|--------------------|--|---|--------------------------|--------------------|-----------------------------------|---------------|---|--|--|
| 7. N.H. Retirement System | | | . Current use land ssessment program | | 9. Restaurant lodging | s/ | 10. Sale and distribute beverages | | on of alcholic 11. Practice of law | | |
| 12. Any business regulated by the Public Utilities Commission | | | c | 13. Horse or dog racing, or other legal forms of gambling | | | al forms | 14. Education | 15. Water Resources | | |
| 16. Agriculture | | 17. N.H. taxes: | | | | Interes Dividen | | • | 18. Optional: Specify any other area in which you have a special interest | | |

I have read RSA 15-A and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

RSA 15-A:7 Penalty. Any person who knowingly fails to comply with the provisions of this chapter or knowingly files a false statement shall be guilty of a misdemeanor. It shall be an absolute defense in any prosecution under this chapter that the person acted in reliance upon an advisory opinion on the subject issued under RSA 14-B:3, I(c) or RSA 21-G:30. I(c).

Print Form

Signature of Reporting Individual

Date